STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967913	**11/19/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cape West	**4616-4614 Sw 7 Pl Cape Coral, FL 33914**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= B
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= B

Specific Tag Findings:
A Capacity Increase survey was conducted at Cape West an Assisted Living Facility (ALF) on . Census was 6 residents.

The following is a description of non-compliance:

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on record review and interview, the facility failed to notify the Agency for Healthcare Administration (AHCA) for a change of Administrator and to obtain a copy of a high school diploma or GED.

The findings include:

1. Record review of facility information prior to survey revealed that there was no information available in relation to who is the facility Administrator.

The owner stated on at 10:00 a.m., that the facility hired Staff A as the facility Administrator as of . Further review revealed no notification to AHCA for the change of Administrator. The only notification was for a sister facility owned by the same owner.

2. Record review for the Administrator found no documentation of High School Diploma or GED.

3. The owner acknowledged on at 10:30 a.m. that they did not notify AHCA for the change of Administrator and that he did not have proof of High School Diploma or GED.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, 1 (Staff C) of 3 facility staff failed to submit within 30 days of employment a statement from a health care provider, based on an examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable including .

The findings include:

Record review of Staff C (caregiver hired found no documentation of heath care provider examination indicating that were free of signs and symptoms of communicable including .

The owner stated on at 9:45 a.m., that staff C did not have documentation of heath care provider examination indicating that were free of signs and symptoms of communicable including .

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Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to obtain the following in service trainings within 30 days of employment for 2 (Staff B and C) of 3 sampled staff: reporting major incidents, reporting adverse incidents; facility's emergency procedure including chain of command and staff roles relating to emergency evacuation; resident rights in Assisted Living Facility (ALF); recognizing and reporting resident neglect and , resident behavior and needs and providing assistance with Activities of Daily Living (ADL) an resident elopement response policies and procedures and safe food handling practices.

The findings include:

Record review for Staff B (manager hired and staff C (caregiver hired found no evidence of the following in service trainings: reporting major incidents, reporting adverse incidents, facility's emergency procedure including chain of command and staff roles relating to emergency evacuation, resident rights in ALF, recognizing and reporting resident , neglect and ; resident behavior and needs and providing assistance with ADL and resident elopement response policies and procedures and safe food handling practices.

On at 9:45 a.m., the owner acknowledged that Staff B and C lacked all in service trainings mentioned above.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and interview, 1 (Staff C) of 3 facility staff failed to obtain 2 hour continuing education in assistance with self-administration of medications in an Assisted Living Facility.

The findings include:

Record review for Staff C (caregiver/med tech hired on found that the only medication training certificate available was dated and expired on

The owner acknowledged on at 10:00 a.m., that Staff C did not have current medication training and was responsible assisting residents with the self-administration of their medications.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review, the facility failed to obtain a training for 2 (Staff B and C) of 3 sampled staff.

The findings include:

Record review revealed that Staff B (manager hired and Staff C (caregiver/med tech hired had no documentation of training.

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On at 10:15 a.m., the owner acknowledged that both Staff B and C lacked training.

Class

0161-Records - Staff 58A-5.024(2) FAC
Based on record review and interview, the facility failed to obtain an employment application with references for 1 (Staff A) of 3 sampled staff.

The findings include:

Record review for Staff A (Administrator hired found no documentation of employment application with references.

The Administrator acknowledged on at 10:30 a.m., that there was no documentation of employment application with references for Staff A.

Class

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Cape West
4616-4614 Sw 7 Pl
Cape Coral, FL 33914

Dear Administrator:

This letter reports the findings of a Capacity Increase survey that was conducted on , 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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